The ABCs of Hepatitis

	HEPATITIS A is caused by the Hepatitis A virus (HAV)	HEPATITIS B is caused by the Hepatitis B virus (HBV)	HEPATITIS C is caused by the Hepatitis C virus (HCV)	
U.S. Statistics	• Estimated 25,000 new infections in 2007	Estimated 43,000 new infections in 2007 Estimated 1.2 million people with chronic HBV infection	Estimated 17,000 new infections in 2007 Estimated 3.2 million people with chronic HCV infection	
Routes of Transmission	Ingestion of fecal matter, even in microscopic amounts, from: Close person-to-person contact with an infected person Sexual contact with an infected person Ingestion of contaminated food or drinks	Contact with infectious blood, semen, and other body fluids, primarily through: • Birth to an infected mother • Sexual contact with an infected person • Sharing of contaminated needles, syringes or other injection drug equipment • Needlesticks or other sharp instrument injuries	Contact with blood of an infected person, primarily through: • Sharing of contaminated needles, syringes, or other injection drug equipment Less commonly through: • Sexual contact with an infected person • Birth to an infected mother • Needlestick or other sharp instrument injuries	
Persons at Risk	Travelers to regions with intermediate or high rates of Hepatitis A Sex contacts of infected persons Household members or caregivers of infected persons Men who have sex with men Users of certain illegal drugs (injection and non-injection) Persons with clotting-factor disorders	 Infants born to infected mothers Sex partners of infected persons Persons with multiple sex partners Persons with a sexually transmitted disease (STD) Men who have sex with men Injection drug users Household contacts of infected persons Healthcare and public safety workers exposed to blood on the job Hemodialysis patients Residents and staff of facilities for developmentally disabled persons Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%) 	Current or former injection drug users Recipients of clotting factor concentrates before 1987 Recipients of blood transfusions or donated organs before July 1992 Long-term hemodialysis patients Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV) HIV-infected persons Infants born to infected mothers	
Incubation Period	15 to 50 days (average: 28 days)	45 to 160 days (average: 120 days)	14 to 180 days (average: 45 days)	
Symptoms of Acute Infection	Symptoms of all types of viral hepatitis are similar and can include one or more of the following: • Fever • Fatigue • Loss of appetite • Nausea • Vomiting • Abdominal pain • Clay-colored bowel movements • Joint pain • Jaundice			
Likelihood of Symptomatic Acute infection	< 10% of children < 6 years have jaundice 40%–50% of children age 6–14 years have jaundice 70%–80% of persons > 14 years have jaundice	 < 1% of infants < 1 year develop symptoms 5%-15% of children age 1-5 years develop symptoms 30%-50% of persons > 5 years develop symptoms Note: Symptoms appear in 5%-15% of newly infected adults who are immunosuppressed	20%–30% of newly infected persons develop symptoms of acute disease	
Potential for Chronic Infection	None	Among unimmunized persons, chronic infection occurs in >90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults	 75%–85% of newly infected persons develop chronic infection 15%–20% of newly infected persons clear the virus 	
Severity	Most persons with acute disease recover with no lasting liver damage; rarely fatal	Most persons with acute disease recover with no lasting liver damage; acute illness is rarely fatal 15%–25% of chronically infected persons develop chronic liver disease, including cirrhosis, liver failure, or liver cancer Estimated 3,000 persons in the United States die from HBV-related illness per year	 Acute illness is uncommon. Those who do develop acute illness recover with no lasting liver damage. 60%–70% of chronically infected persons develop chronic liver disease 5%–20% develop cirrhosis over a period of 20–30 years 1%–5% will die from cirrhosis or liver cancer Estimated 12,000 persons in the United States die from HCV-related illness per year 	
Serologic Tests for Acute Infection	• IgM anti-HAV	HBsAg in acute and chronic infection IgM anti-HBc is positive in acute infection only	No serologic marker for acute infection	

	HEPATITIS A	HEPATITIS B	HEPATITIS C
Serologic Tests for Chronic Infection	Not applicable—no chronic infection	HBsAg (and additional markers as needed)	Screening assay (EIA or CIA) for anti-HCV Verification by an additional, more specific assay (e.g., RIBA for anti-HCV) or nucleic acid testing or HCV RNA
Screening Recommendations for Chronic Infection	Not applicable—no chronic infection Note: Screening for past acute infection is generally not recommended	Testing is recommended for: Pregnant women Persons bom in regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%) U.S.—born persons not vaccinated as infants whose parents were born in regions with high rates of Hepatitis B (HBsAg prevalence of ≥ 8%) Infants born to HBsAg-positive mothers Household, needle-sharing, or sex contacts of HBsAg-positive persons Men who have sex with men Injection drug users Patients with elevated liver enzymes (ALT/AST) of unknown etiology Hemodialysis patients Persons needing immunosuppressive or cytotoxic therapy HIV-infected persons Sources of blood or body fluids involved in potential HBV exposures (e.g., needlesticks) Donors of blood, plasma, organs, tissues, or semen	Testing is recommended for: Current or former injection drug users Recipients of clotting factor concentrates before 1987 Recipients of blood transfusions or donated organs before July 1992 Long-term hemodialysis patients Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV) HIV-infected persons Children born to infected mothers (do not test before age 18 mos.) Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests) Donors of blood, plasma, organs, tissues, or semen
Treatment	No medication available Best addressed through supportive treatment	 Acute: No medication available; best addressed through supportive treatment Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs 	Acute: Antivirals and supportive treatment Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs
Vaccination Recommendations	Hepatitis A vaccine is recommended for: • All children at age 1 year • Travelers to regions with intermediate or high rates of Hepatitis A • Men who have sex with men • Users of certain illegal drugs (injection and non-injection) • Persons with clotting-factor disorders • Persons who work with HAV-infected primates or with HAV in a research laboratory • Persons with chronic liver disease, including HBV- and HCV-infected persons with chronic liver disease • Anyone else seeking long-term protection	Hepatitis B vaccine is recommended for: • All infants within 12 hours of birth • Older children who have not previously been vaccinated • Sex partners of infected persons • Persons with multiple sex partners • Persons seeking evaluation or treatment for an STD • Men who have sex with men • Injection drug users • Household contacts of infected persons • Healthcare and public safety workers exposed to blood on the job • Persons with chronic liver disease, including HCV-infected persons with chronic liver disease • Persons with HIV infection • Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients • Residents and staff of facilities for developmentally disabled persons • Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%) • Anyone else seeking long-term protection	There is no Hepatitis C vaccine.
Vaccination Schedule	2 doses given 6 months apart	Infants and children: 3 to 4 doses given over a 6- to 18-month period depending on vaccine type and schedule Adults: 3 doses given over a 6-month period	No vaccine available



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention



